

**CommunityCARE Provider Monitoring Checklist**

TEST, O

( Provider #: 0000000 Site #: 001 )

**I. General Provider Information**

Provider #: 0000000 Site #: 001 Program Type: BOTH Begin Review Date: 11/05/2001

Provider's Name: TEST, O End Review Date: / /

Address: Mailing:

Parish: Email Address:

Phone: Fax: Provider Type:

Type Screening Available: Review Type: Specialty:  
Office Hours: Other:  
Screening Hours: No. of CC Linkages: 0

**Restrictions**

Accept Pregnant Patients: Sex of Patients Accepted: Screening Age Range (yy/mm)  
thru  
Others:

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**I. General Provider Information (continue)**

**Comments**

SIGNIFICANT AREAS OR PATTERNS OF DEFICIENCIES—

REASONS FOR REVIEWING MORE OR FEWER MEDICAL CHARTS THAN REQUIRED—

UNUSUAL PROBLEMS—

PROVIDER AGREEMENT OR DISAGREEMENT WITH DEFICIENCY FINDINGS—

ITEMS NEEDING FURTHER CLARIFICATION—

TRAINING PROVIDED OR SCHEDULED—

VALIDATION RECOMMENDATIONS—

PROVIDER FEEDBACK REGARDING MONITORING PROCESS OR THE KM/CC PROGRAMS—

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S = Satisfactory

N/I = Needs Improvement

U = Unsatisfactory

N/A = Not Applicable

II. KIDMED Participation by CommunityCARE Provider		S	U	N/I	N/A
a.	<p>Provider Screens at least one age group</p> <p><i>Explain:</i></p> <p>Age Group Provider Screens:      0    thru      0</p> <p>Provider Contracts Screening:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<p>The contract is appropriate and current</p> <p><i>Explain:</i></p> <p>Screening contracted with:</p> <p>Contractor Provider ID #:                      Contractor Site #:                      Age Ranges:      0    thru      0</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<p>The contract is appropriate and current</p> <p><i>Explain:</i></p> <p>Screening contracted with:</p> <p>Contractor Provider ID #:                      Contractor Site #:                      Age Ranges:      0    thru      0</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	<p>The contract is appropriate and current</p> <p><i>Explain:</i></p> <p>Screening contracted with:</p> <p>Contractor Provider ID #:                      Contractor Site #:                      Age Ranges:      0    thru      0</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	<p>RS-0-07 forwarded to the contractor on a timely basis</p> <p><i>Explain:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	<p>RS-0-07 appropriately "blackout" to maintain recipient confidentiality</p> <p><i>Explain:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>III. Medical Access</b>		S   U   N/I   N/A
<b>a.</b>	Provider is available within 30 minutes to answer recipient medical questions or respond to calls from providers in emergency departments  <i>Explain:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>b.</b>	The designated backup agreement for regular hours is appropriate and current  <i>Explain:</i>  Regular hours backup with:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>c.</b>	The designated backup agreement for after hours is appropriate and current  <i>Explain:</i>  After hours backup with:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>d.</b>	PCP is in office 20 hours or more per week  <i>Explain:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>e.</b>	PCP provides direct patient care 40 hours or more per week  <i>Explain:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>IV. Hospital Admitting Privileges</b>		
<b>a.</b>	PCP has admitting privileges in CommunityCARE or contiguous parish  <i>Explain:</i>  Staff Name:  Hospital Name:  Restriction, if any:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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V. Records Maintenance		S	U	N/I	N/A
a.	Single medical chart or separate section of medical chart for each patient. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Medical charts stored in a dedicated space <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Patient medical record confidentiality maintained <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Medical records maintained for five years <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CommunityCARE Patient Record List**  
**TEST, O**  
**( Provider #: 0000000 Site #: 001 )**

**Total Records Reviewed: 1**

No.	Medicaid #	Recipient's Name	Gender	Date of Svc	DOB	Age	
						Years	Months
1	000000000	BROWN, CALA	FEMALE	06/22/2001	05/29/1998	3	0

**CommunityCARE Patient Record Summary**  
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Total Records Reviewed: 1

<b>I. General Chart Documentation</b>		<b>Sat</b>	<b>Uns</b>	<b>% Sat</b>
a.	The patient's name and/or identification number on each page of the medical record	0	0	0.00
b.	The patient's personal data, i.e., name, address, phone number, etc.	0	0	0.00
c.	All chart entries must be dated and signed	0	0	0.00
d.	A copy or summary of all hospital admissions in the last six months	0	0	0.00
e.	A copy or summary of all operative procedures in the last six months	0	0	0.00
<b>II. Medical History Documentation</b>				
a.	Family medical history, i.e., the identification of family members with chronic or hereditary diseases that may influence the patient's health	0	0	0.00
b.	Past medical history, i.e., relevant medical history of any prior illnesses or surgeries	0	0	0.00
c.	Present medical history, i.e., allergies, adverse reactions to medications, treatments currently being received, medications currently being taken, chronic health conditions, any substance abuse (including tobacco and alcohol), and any psychiatric care	0	0	0.00
d.	Menstrual history, when appropriate	0	0	0.00
e.	Obstetrical history, when appropriate	0	0	0.00
<b>III. General Visit Documentation</b>				
a.	Chief complaint or reason for visit	0	0	0.00
b.	Findings from the physical exam	0	0	0.00
c.	Medications prescribed	0	0	0.00
d.	All diagnostic tests or procedures	0	0	0.00
e.	Follow up of abnormal test or procedure findings	0	0	0.00
<b>IV. KIDMED Documentation</b>				
a.	KIDMED screenings must be done within the time frames specified in the periodicity table, or there must be documentation that KIDMED screenings were offered and the patient encouraged to get a screening	0	0	0.00
b.	A copy of the KIDMED screening done by the provider or contractor must be in the medical record	0	0	0.00

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<b>V. Immunization Documentation</b>		<b>Sat</b>	<b>Uns</b>	<b>% Sat</b>
a.	For children less than 21 years of age, there must be documentation that immunizations are up-to-date according to the Advisory Committee on Immunization Practices guidelines and the KIDMED periodicity table, or if immunizations are not up-to-date, there must be documentation that an immunization was given and the provider is in the process of bringing the child up-to-date, or the parent or guardian refused the immunization (a signed refusal by the parent or guardian), or the immunization is medically contraindicated.	0	0	0.00
<b>VI. Anthropometric Documentation</b>				
a.	There should be evidence of anthropometrics in the patient record. Examples are: height and weight, pulse, temperature, and blood pressure.	0	0	0.00
<b>VII. Health Education Documentation</b>				
a.	Age-appropriate topics of health education discussed with the patient reflecting any problems noted during the office visit and focusing on the prevention of diseases and injuries	0	0	0.00
b.	Follow up instructions to the patient, when appropriate	0	0	0.00
<b>VIII. Emergency Department Referral Documentation</b>				
a.	Number of claims requiring a referral that were denied with a code 106	0		
b.	Number of claims requiring a referral that were paid	0		
c.	Total number of claims	0		
d.	Percentage of claims denied for code 106			0.00 %
e.	Of the denied claims, the number with paid ancillary charges	0		
f.	Of the paid claims, the number of ER visits the PCP refused to authorize	0		
g.	Of the paid claims, the number of ER visits the PCP was unaware	0		
h.	Of the paid claims, the number of corresponding referral copies in the record	0		
i.	Compliance Rate: Copy of referral in medical chart			0.00 %
j.	Of the issued referrals, the number of properly completed referrals	0		
k.	Compliance Rate: Proper completion of referral			0.00 %
l.	Of the issued referrals, the number of referrals with corresponding ER documentation in record	0		
m.	Compliance Rate: ER documentation in medical chart			0.00 %



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<b>VIII. Emergency Department Referral Documentation (continue)</b>	
n. Of the issued referrals, the number of referrals with documentation of follow-up or efforts to follow-up	0
o. Compliance Rate: Follow-up documentation in medical chart	0.00 %
p. The number of times seen in the ER by the PCP	0
q. The number of times seen in the ER by the back-up physician	0
r. The number of times admitted to the hospital from the ER	0
<b>IX. Non-Emergency Referral Documentation</b>	
a. Number of claims requiring a referral that were denied with a code 106	0
b. Number of claims requiring a referral that were paid	0
c. Total number of claims	0
d. Percentage of claims denied for code 106	0.00 %
e. Of the paid claims, the number of referral visits the PCP refused to authorize	0
f. Of the paid claims, the number of referral visits the PCP was unaware	0
g. Of the paid claims, the number of corresponding referral copies in the record	0
h. Compliance Rate: Copy of referral in medical chart	0.00 %
i. Of the issued referrals, the number of properly completed referrals	0
j. Compliance Rate: Proper completion of referral	0.00 %
k. Of the issued referrals, the number of referrals with documentation of follow-up or efforts to follow-up	0
l. Compliance Rate: Follow-up documentation in medical chart	0.00 %

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*Total Records Reviewed: 1*

<b>X. Summary</b>		<i>Sat</i>	<i>Uns</i>	<i>% Sat</i>
General Chart Documentation		0	0	0.00
Medical History Documentation		0	0	0.00
General Visit Documentation		0	0	0.00
KIDMED Documentation		0	0	0.00
Immunization Documentation		0	0	0.00
Anthropometric Documentation		0	0	0.00
Health Education Documentation		0	0	0.00
TOTAL		0	0	0.00
<b>Referral Documentation</b>		<i>Percent (%)</i>		
<i>Emergency Department Referral Documentation</i>				
Compliance Rate: Copy of referral in medical chart		0.00		
Compliance Rate: Proper completion of referral		0.00		
Compliance Rate: ER documentation in medical chart		0.00		
Compliance Rate: Follow-up documentation in medical chart		0.00		
<i>Non-Emergency Referral Documentation</i>				
Compliance Rate: Copy of referral in medical chart		0.00		
Compliance Rate: Proper completion of referral		0.00		
Compliance Rate: Follow-up documentation in medical chart		0.00		

# CommunityCARE Patient Record Data

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General Chart Documentation		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
The patient's name and/or identification number on each page of the medical record																					
The patient's personal data, i.e., name, address, phone number, etc.																					
All chart entries must be dated and signed																					
A copy or summary of all hospital admissions in the last six months																					
A copy or summary of all operative procedures in the last six months																					
Medical History Documentation		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Family medical history																					
Past medical history																					
Present medical history																					
Menstrual history, when appropriate																					
Obstetrical history, when appropriate																					
General Visit Documentation		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Chief complaint or reason for visit																					
Findings from the physical exam																					
Medications prescribed																					
All diagnostic tests or procedures																					
Follow up of abnormal test or procedure findings																					
KIDMED Documentation		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
KIDMED screenings must be done within the time frames specified in the periodicity table																					
A copy of the KIDMED screening done by the provider or contractor must be in the medical record																					

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Immunization Documentation		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
For children less than 21 years of age, there must be documentation that immunizations are up-to-date																					
Anthropometric Documentation		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
There should be evidence of anthropometrics in the patient record																					
Health Education Documentation		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Age-appropriate topics of health education discussed with the patient reflecting any problems noted during the office visit and focusing on the prevention of diseases and injuries																					
Follow up instructions to the patient, when appropriate																					
Emergency Department Referral		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Number of claims requiring a referral that were denied with a code 106																					
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The number of times seen in the ER by the PCP																					
The number of times seen in the ER by the back-up physician																					
The number of times admitted to the hospital from the ER																					

Reviewing Nurse:

- Page 2 -

Print Date:

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Non-Emergency Referral Documentation		20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
Number of claims requiring a referral that were denied with a code 106																						
Number of claims requiring a referral that were paid																						
Of the paid claims, the number of referral visits the PCP refused to authorize																						
Of the paid claims, the number of referral visits the PCP was unaware																						
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